

**DEBT COLLECTION / FINANCIAL ASSISTANCE REPORT**

Hospital Name: Greater Baltimore Medical Center  
 Hospital Number: 210044

Period FY21

	<u>Column 1</u>	<u>Column 2</u>	<u>Column 3</u>	<u>Column 4</u>	<u>Column 5</u>	<u>Column 6</u>	<u>Column 7</u>	<u>Column 8</u>	<u>Column 9</u>	<u>Column 10</u>			
<b><u>CREDIT &amp; COLLECTION</u></b>													
(1)	Collection Agency Name												
(2)	ROI												
(3)													
(4)													
(5)													
(6)	Number of liens	0											
(7)	Number of Extended Payments Plans	2872											
<b><u>FINANCIAL ASSISTANCE</u></b>													
(8)	Total Number of Patients Who Completed a Financial Assistance Application	170											
(9)	Total Number of Patients Who Partially Completed a Financial Assistance Application	83											
(10)	Total Number of patients Who Received Free Care	135											
(11)	Total Number of patients Who Received Reduced-Cost Care	14											
			Spanish or Hispanic	White	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Other	Declined to Answer	Unknown or Cannot be Determined		
(12)	Number of Patients Who Received Financial Assistance by Race or Ethnicity	0	77	48	0	11	0	11	1	1			
(13)	Number of Male or Male Gender Identity Patients Who Received Financial Assistance	0	9	9	0	3	0	1	0	0			
(14)	Number of Female or Female Gender Identity Patients Who Received Financial Assistance	0	30	23	0	4	0	5	0	0			
(15)	Number of Patients Who Do Not Identify by Gender Who Received Financial Assistance	0	38	16	0	4	0	5	1	1			
(16)	Number of Patients Who Were Denied Financial Assistance by Race or Ethnicity	0	64	31	0	4	0	4	1	0			
(17)	Number of Male or Male Gender Identity Patients Who Were Denied Financial Assistance	0	28	11	0	1	0	0	1	0			
(18)	Number of Female or Female Gender Identity Patients Who Were Denied Financial Assistance	0	34	20	0	3	0	4	0	0			
(19)	Number of Patients Who Do Not Identify by Gender Who Were Denied Financial Assistance	0	2	0	0	0	0	0	0	0			
(20)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Free Care	\$	683,323	\$	386,082	\$	75,338	\$	81,749	\$	7,888	\$	1,107
(21)	Total Amount of Charges for Hospital Services Provided to Patients Who Received Reduced-Cost Care Whether Covered by Financial Assistance or Billed to the Patient	\$	92,592	\$	29,345	\$	100						